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Affidavit and Revenue Certification

Press Street d.b.a. Antenna ENTITY NAME
Orleans Parish
New Orleans, LA (City), State

ANNUAL SWORN FINANCIAL STATEMENTS AND CERTIFICATION OF REVENUES \$75,000 OR LESS (if applicable)

The annual sworn financial statements are *required* by Louisiana Revised Statute 24:514 to be filed with the Legislative Auditor within 90 days after the close of the fiscal year. The certification of revenues of \$75,000 or less, if applicable, is required by Louisiana Revised Statute 24:513(J)(1)(c)(i)(aa).

Personally came and appeared before the undersigned authority, Robert Snead (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Press Street d.b.a Antenna (enter entity name) as of 12/31/18 (entity's year-end), and the results of operations for the year then ended, in accordance with the basis of accounting described within the accompanying financial statements.

(Complete if applicable)

In addition, Robert Snead, (officer name), who, duly sworn, deposes and says that Press Street d.b.a. Antenna (entity name) received \$75,000 or less in revenues and other sources for the year ended 12/31/18, and accordingly, is not required to have an audit for the previously mentioned year.

[Signature]
Officer's Signature

Sworn to and subscribed before me this 29 day of March, 2019

[Signature]
NOTARY PUBLIC SIGNATURE & SEAL



For Office Use Only
Under provisions of state law, this report will become a public document on the Monday following the release date. A copy of the report will be submitted to appropriate public officials and be available for public inspection at the Baton Rouge office of the Louisiana Legislative Auditor and, where appropriate, at the office of the parish clerk of court.
Release Date <u>APR 17 2019</u>
Please Complete This Section

Officer's Name <u>Robert Snead</u>
Officer's Title <u>Executive Director</u>
Address <u>3718 St. Claude Ave</u>
City, Zip <u>New Orleans 70117</u>
Ph: Cell/Land <u>504-298-3161</u>
E-mail <u>bob@antenna.works</u>

Press Street d.b.a. Antenna
(Agency Name)

Statement of Cash Receipts and Disbursements
For the Year Ended 12/31/18
(Year-End)

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
RECEIPTS (Provide Brief Description):			
1. ARTS COUNCIL NEW ORLEANS	\$7,500	0	7,500
2. LOUISIANA DIVISION OF THE ARTS	\$2,700	0	2,700
3. Earned Income	0	138,910	138,910
4. Other Grants	0	619,616	619,616
5. Individual & Corporate Donations	0	104,732	104,732
6. Total receipts (add lines 1 - 5)	\$10,200	\$863,258	\$873,458
DISBURSEMENTS (Provide Brief Description):			
7. Facility Expenses	0	53,595	53,595
8. Program Expenses	6,500	424,642	431,142
9. Administration	2,700	117,753	120,453
10. Promotions & Printing	1,000	59,602	60,602
11. Office & Equipment	0	4,133	4,133
12. Fundraising	0	2,751	2,751
13. Total Disbursements (add lines 7 - 12)	\$10,200	\$662,476	\$672,676
14. Change in fund balance (Lines 6 minus 13)	\$0	\$200,782	\$200,782
15. Fund Balance at beginning of year	\$0	\$216,767	\$216,767
16. Fund balance (deficit) at end of year (Add lines 14-15)			
--This amount also goes on line 12, Statement B	\$0	\$417,549	\$417,549

PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENTS FOR YOUR RECORDS

Please return the completed form within 90 days of your entity's year-end to Louisiana Legislative Auditor –
Local Government Services, Post Office Box 94397, Baton Rouge, LA 70804-9397 - Updated 8/3/16

Press Street d.b.a. Antenna (Agency Name)

Balance Sheet, on 12/31/2018
(Year-End)

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$0	\$417,549	\$417,549
2. Investments (fair value) on hand			
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description)			
6. Total Assets (add lines 1 - 5)	\$0	\$417,549	\$417,549
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):			
8.	\$0	\$	\$0
9.			
10.			
11. Total Liabilities (add lines 7 - 10)			
12. Fund balance (amount from Line 16 on Statement A)	\$0	417,549	417,549
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$0	\$417,549	\$417,549

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Press Street d.b.a. Antenna (Agency Name)

Schedule of Compensation, Benefits and Other Payments to Agency Head or Chief Executive Officer (Required Form - Please Submit Completed Form Per Attached Instructions)

For the Year Ended 12/31/18 (Year-End)

Agency Head Name and Title: Robert Snead, Executive Director

Purpose	Dollar Amount
1. Salary	1. 43,060
2. Benefits-insurance	2.
3. Benefits-retirement	3.
4. Benefits-other (describe)	4.
5. Benefits-other (describe)	5.
6. Benefits-other (describe)	6.
7. Car allowance	7.
8. Vehicle provided by government (if reported on your W-2)	8.
9. Per diem	9.
10. Reimbursements	10.
11. Travel	11. 2,307
12. Registration fees	12.
13. Conference travel	13.
14. Housing	14.
15. Unvouchered expenses (example: travel advances, etc.)	15.
16. Special meals	16.
17. Other	17.
18. TOTAL (enter total of line 1-17)	18.

____ Please check here if the Agency Head does not receive any compensation, benefits, and other payments. (Act 462 of the 2015 Legislative Session allows nongovernmental entities or not-for-profit (quasi-public) entities to report on the Act 706 schedule **only** those payments to the agency head that are derived from the public funds.)

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